

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90011156 </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., N.W.		
(c) City, State and ZIP Code Washington DC 20006		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 0

THROUGH

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

568.43

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Jeff Prior

05/24/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	D	D	Y	Y	Y	Y
0	5	2	3	2	0	1	0

Amount

25.00

Mailing Address

5701 Cochiti Dr, NW

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify)

Runoff

Calendar Year-To-Date Per Election
for Office Sought

8192.38

Full Name (Last, First, Middle Initial) of Payee

Extended Stay Hotel

Date

M	M	D	D	Y	Y	Y	Y
0	5	2	3	2	0	1	0

Amount

172.92

Mailing Address

Hardin Rd

City

Little Rock

State

AR

Zip Code

72203

Purpose of Expenditure

Housing

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify)

Runoff

Calendar Year-To-Date Per Election
for Office Sought

13445.81

Full Name (Last, First, Middle Initial) of Payee

Joseph Fazzio

Date

M	M	D	D	Y	Y	Y	Y
0	5	2	3	2	0	1	0

Amount

25.00

Mailing Address

5011 South Swanson St.

City

Las Vegas

State

NV

Zip Code

89119

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify)

Runoff

Calendar Year-To-Date Per Election
for Office Sought

793.20

(a) SUBTOTAL of Itemized Independent Expenditures

222.92

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 5**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowiak

Date

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

25.00

City
ClevelandState
OHZip Code
44109Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

9366.44

Full Name (Last, First, Middle Initial) of Payee
Craig Parsley

Date

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 0Mailing Address
411 6th St.

Amount

25.00

City
NewcastleState
DEZip Code
19720Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

670.00

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 0Mailing Address
1203 Emerson St. Apt 21

Amount

25.00

City
DenverState
COZip Code
90218Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

9366.44

(a) **SUBTOTAL** of Itemized Independent Expenditures

75.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Heather Rozzo

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	0

Mailing Address
819 SW 14th Ct.

Amount

25.00

City State Zip Code
Ft. Lauderdale FL 33315

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought 1326.08

Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	0

Mailing Address
1 Airport Dr

Amount

75.50

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
Rental car

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought 21929.21

Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	0

Mailing Address
1 Airport Dr

Amount

75.50

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
Rental car

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought 22004.71

Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

(a) **SUBTOTAL** of Itemized Independent Expenditures

176.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	0

Mailing Address
1 Airport Dr

Amount

94.51

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐

House

State: AR

Senate

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐

Primary

☐

General

☐ Other (specify)

Runoff

Calendar Year-To-Date Per Election
for Office Sought

22099.22

(a) SUBTOTAL of Itemized Independent Expenditures

94.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

568.43